09192414

A DEST AVOIDED CODY												
Applibation or Docket Number												ber
PATENT APPLICATION FEE DETERMINATION RECORD												70
Effective October 1, 2000												
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN												
			1) (Column 2)							OR SMALL ENTITY		
TOTAL CLAIMS			18		1		ſ	RATE	FEE	1	RATE	FEE
FOR			NUMBER	FILED	NUMBER EXTRA			ASIC FEE	355.00	OR	BASIC FEE	710.00
			.67				-			0		
TOTAL CHARGEABLE CLAIMS			// minus 20=				L	X\$ 9=		ОЯ	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		·			X40=		OR	X80=	
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT	ESENT				+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL			TOTAL	770
I JO CLAIMS AS AMENDED - PART II								TOTAL		OR		
	17/2/1/4		MENDED				٠	SMALL I		OR	OTHER SMALL	
	(Column 1) (Column 2) (Column 3)								ADDI-		OHINGE (ADDI-
7		REMAINING AFTER		NUM PREVI		PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
		AMENDMENT		PAID FOR		EAITA			FEE			FEE
AMENDMENT A	Total	· 15	Minus	- 0	$\overline{\mathcal{U}}$	=	L	X\$ 9=		OR	X\$18=	
	Independent	• 3	Minus	*** 5	<u> </u>	•		X40⇒		OR	X80-	
THE PRESENTATION OF MOETH CE OF CHEST OF THE								400			.070	
Smw 7-76-05							L	+135=		OR	+270=	
Smw 7-76-05 and 7-19-05 (Column 2) (Column 3)							A	TOTAL DOIT, FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
		CLAIMS REMAINING AFTER	P		SHEST IMBER VIOUSLY	PRESENT EXTRA .	lГ		ADDI-			ADDI-
IĘ				PREV			RATE	TIONAL		RATE	TIONAL	
MENDMENT B	Total	• 15	Minus	PAIC	FOR O		 		FEE	OR	X\$18=	FEE
	Independent	. 2	Minus	•••	.3		1 F		-) 	5		
₹		INTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		▍▐	X40=	/_	OR	X80=	
┞	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	
							A	TÖTAL. DOIT. FEE		OR	ADDIT. FEE	
(Column 1) (Column 2) (Column 3)									_(7		
		CLAIMS		Hig	HEST MBER		lΓ		ADDI-		ſ	ADDI-
ii.		riemaining After		PREV	OUSLY	PRESENT	R/A	RATE	TIONAL		RATE	TIONAL
		AMENDMENT		PAID	FOR	 	łŀ		FEE			FEE
	Total	•	Minus	-		=		X\$ 9=		OR	X\$18=	2
AMENDMENT C	Independent	•	Minus	***		8	1 [X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
ĺ			+135=		OR	+270=						
-	If the "Highest Nu	mn 1 is less than (mber Previously P	ald For IN TH	S SPACE	is less the	an 20, enter "20.	- ام '	YOTAL DDIT, FEE	•	OR	TOTAL ADDIT, FEE	
"If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
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FORM PTO-47

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